



## The HEAL Model in Perspective

A broad working definition of EFPL is given by PATH International:

*EFPL is experiential psychotherapy that includes equines.... [using] respectful equine activities such as handling, grooming, longeing, riding, driving, and vaulting. EFPL is facilitated by a licensed, credentialed mental health professional working with an appropriately credentialed equine professional.... [or] by a mental health professional who is dually credentialed as an equine professional.*

(Available at <http://www.pathintl.org/resources-education/resources/eaat/193-eaat-definitions>)

### EVALUATING EFPL PRACTICE MODELS

As the popularity of EFPL has grown, several main treatment models have emerged and many different training programs are being offered. Aspiring practitioners wonder what model or training will be best for them. This depends most importantly on the type of client to be served. The EFPL clinician must understand the needs and treatment goals of the clients. What type of program will be engaging and relevant for this client? How will EFPL challenge each client to achieve treatment goals, while providing sufficient physical and emotional safety? Will the benefit and cost compare favorably with other possible interventions? These are important questions with profound implications for shaping the EFPL practice.

EFPL programs vary widely in the amount of structure provided. It is important to consider the amount of structure and protective support built into the EFPL service provision—how physical safety is defined and addressed varies greatly according to the needs of the client. *The more vulnerable, helpless or volatile the client, the more structure should be provided.* Examples of structure include risk assessments, rules such as safety poli-

cies that are followed uniformly, more handlers to assist, and closer accompaniment by a trained professional. Structure also includes staff and volunteer screening and training, and may include assistive technologies such as a specialized mounting ramp or other assistive technology.

Examples of highly structured and supervised services include therapeutic riding for children with disabilities, or a prison-based horse training program for rehabilitation of inmates. Examples of less structured experiences include horse-at-liberty-with-person sessions, or activities with several loose horses and people in the arena at once. These are more typical of the insight-oriented therapeutic approaches and are appropriate for more mature, able-bodied clients. The amount of structure should be safely appropriate to the client being served; EFPL effectiveness depends on a good margin of physical and emotional safety, with carefully managed, strategic challenges.

Another important consideration involves the client's level of psychosocial and neurobiological development. *EFPL must fit the psychosocial stage of the client and be a logical fit with treatment goals.* What is the client's emotional age? How has this been influenced by the client's life experience? An adult client with PTSD may become as helpless as a child in the presence of specific triggers. The client's relationship history will influence the relative proportions of office therapy versus horse therapy, which will vary with different types of patients, as does the relative importance of the horse as an attachment object. The practitioner should be aware that not every client's vulnerabilities are obvious at the outset.

Participants in our PTSD groups at HEAL range in life stage from adolescent to geriatric. These life stage specific groups require flexibility from our facilitation team and our horses! The adolescent groups favor challenge and action-oriented horse activities. Some of the geriatric trauma survivors are physically quite fragile and it is challenging to devise safe exercises in which they can practice being directive and assertive with the horse.

It is helpful to understand the historical perspective of the various organizations supporting and contributing to the field of EFPL. There are no right or wrong approaches; there are *differing* approaches guided by a rationale for a certain client group. These groups also vary in how they view the horse as a partner in healing. *Professional organizations supporting the use of horses in therapy have historical roots in service to specific client types or styles of intervention.*

PATH International, formerly NARHA, has traditionally supported therapeutic riding for the disabled. Today the organization is expanding its umbrella to include EFMH (Equine-Facilitated Mental Health). While PATH International carefully avoids endorsing any particular model of therapy, its emphasis on equestrian safety for potentially vulnerable populations is grounded in its history and development as an organization. The horse is seen as a teacher or caretaker providing a safe holding environment as well as appropriate physical and emotional exercise, in a normalizing, empowering and exhilarating environment.

EAGALA, the Equine Assisted Growth and Learning Association, had its inception in experiential education for incarcerated youth—thus the ‘challenge approach’ is characteristic of their model. In keeping with appropriate treatment goals for this type of client, the emphasis for the facilitator is on the client’s cognitive processing and positive choices. The horse is seen as a tool to reflect back to the person the utility of their choices and attitudes.

Less structured approaches, typified organizationally by the private enterprise Epona Equestrian Services (owned by Linda Kohanov), may include energy awareness, shamanic experiences or an emphasis on transpersonal psychology or spiritual growth. In these approaches the horse is often seen as a sage and sentient guide to a more open consciousness. These approaches are more suitable for psychologically mature clients who already possess healthy ego strength.

This book focuses on Equine-Facilitated *Psychotherapy* rather than the broader field called Equine Facilitated *Learning*. It is written to qualified therapists and educators in fields of human growth and psychological healing who are interested in creating an “in vivo” experience for clinical patients. As a researcher and horse specialist at HEAL, David Young has contributed to this model by locating and citing the most recent scientific understandings of human and animal emotional functioning. He says, “We write this book to therapists who want their clients to connect from a place of wholeness.”

#### A UNIFYING THEORY AND INTEGRATIVE APPROACH

The HEAL approach provides a unifying theory and integrative approach to EFPL. Rather than being methodological, the HEAL Model comprises a set of principles that guide the clinician in processing human-horse interactions within a natural relationship that is developing. The practitioner, trained to recognize developmental and psychological issues of particular individuals, will work within the core affective dimensions most relevant to that client, and view the horse as a flexible, always respected partner in healing.

*Trauma is an experience that spans age groups and is almost universal in affecting human lives.* By design, the HEAL model is trauma sensitive. The term “trauma” covers a spectrum from “Big T” experiences such as severe neglect, physical or sexual abuse, family violence, and psychological degradation. At the lower end of the spectrum “Little t” trauma marks more lives than it misses. The enduring imprint of a depressed or angry parent, a family broken by a spiteful divorce, marked by alcoholism or suicide—even the perfect family that looks like the epitome of proper upbringing—will all leave psychological scars, patterns of functioning that are rooted in survival and desperation.

Trauma can leave a marked imprint on personality when it occurs during development years; but trauma symptoms just as severe can result in adulthood from war experiences, rape or attack, natural disasters and